



KILLEEN FIRE  
ACADEMY

APPLICATION

PACKET





## **POLICY 153**

# **KILLEEN FIRE - EMS ACADEMY & KILLEEN INDEPENDENT SCHOOL DISTRICT FIRE ACADEMY OPERATIONS AND POLICY MANUAL**

### **PURPOSE AND SCOPE:**

The purpose of the Killeen Fire/ EMS and Academy (KFA) and KISD Fire Academy is to train applicants who are qualified to be certified by the Texas Commission on Fire Protection (TCFP) and/or the Texas Department of State Health Services (TDSHS). This policy is established to set standards for the operation of the KFA and the KISD Fire Academy. These standards are derived from the Career and Technology Education Campus Rules, KISD student conduct rules, and the rules established by TCFP and TDSHS. This manual is intended to provide a safe learning environment without interruptions for the KFA and KISD students while adhering to the established policies

### **Denial of Application:**

Any applicant not meeting the minimum requirements for certification by the applicable agency listed above, shall not be eligible to enroll in the Killeen Fire Academy.

### **Americans with Disabilities Act Policy (ADA):**

The KFA and KISD Academy shall follow the rules and policies set forth by the Texas Commission on Fire Protection and/or the Texas Department of State Health Services. It is not the intent of KFA or the KISD Fire Academy to exclude any applicant from achieving their career goal. The certifying agencies have set minimum standards that take into consideration the minimum skills required to work within the career field and the safety of all who work in the career field, including all applicants requesting certification. **Applicants shall notify the KFA and/or KISD Fire Academy administrator of any disability upon submitting an application.** The administrator shall review with the applicant the job skills required to complete the certification process if accommodation is requested for any disability. The administrator shall check with the appropriate state certifying agency to verify if accommodations are allowed for the applicant's disability. If the applicable state certifying agency allows accommodations, the KFA will make reasonable accommodations for the applicant. If the applicable state certifying agency does not allow accommodations, the applicant shall be excluded from admission to the academies.

### **ANTI-DISCRIMINATION STATEMENT:**

The City of Killeen is an equal opportunity employer and complies with federal, state, and local anti-discrimination laws, regulations, and ordinances. The City does not discriminate in recruitment, selection, placement, promotion, wages, benefits, or other terms and conditions of employment





The Killeen Fire Department Academy is now accepting application for the upcoming firefighter class. The classes are designed for individuals to receive their Texas Commission on Fire Protection Structural Firefighter Certification, as well as their Basic Emergency Medical Technician Certification upon completion of the academy.

To apply for the Academy each person needs to complete an application packet, which includes the following documents:

Academy Personal Data Sheet	Physical Evaluation Form
Application for copy of Driver Record	Criminal History Check Instruction

**YOU WILL ALSO NEED TO GET A DRUG SCREENING.**

**Note: The Fire Academy will not accept any incomplete application.**

Upon completion of the Criminal History Check a staff member from the academy will contact you. Upon your notification from the academy staff member you will be told to bring in a \$400.00 deposit. The deposit is **non-refundable**. Please submit your non-refundable deposit by **money order** or **cashier's check** payable to **Killeen Fire Academy**.

Non-refundable deposit	\$ 400.00
Fire Academy Tuition:	\$2100.00
Blue Academy T-shirts	\$ 15.00
TCoFP Test Fee	\$ 85.00
* Books (Essentials of Fire Fighting)	(check with Academy Staff on current edition)
EMT-B	\$ 550.00
* Books (AAOS Emergency Care)	(check with Academy Staff on current edition)
CPR Course:	\$ 50.00

\* books are available for purchase at the Academy

Optional Dorm	\$650.00
---------------	----------

Capt. Randy Pearson  
Killeen Fire Department  
Training Officer

## Academy Personal Data Sheet

### General Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ CDL \_\_\_\_\_

### Work History:

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

### Medical History:

Name of your Physician: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

### List (2) Emergency Contacts:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

High school diploma: Yes \_\_\_\_\_ No \_\_\_\_\_

GED: Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you ever served in the U.S. Forces?** \_\_\_\_\_

If 'yes' what branch \_\_\_\_\_ Type of discharge \_\_\_\_\_

If you plan on using your GI Bill benefits please turn in a copy of your DD Form 214 with the application.

**Other Information:**

The Killeen Fire Academy will conduct a criminal history check on every cadet. Please answer the following question in full:

1. A conviction does not mean that you will not be able to attend the Fire Academy.
2. The date of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Have you ever been **convicted**, placed on **deferred adjudication** or **community supervision**, or **plead guilty** or **no contact** to a felony or misdemeanor offense? \_\_\_\_\_

If (**NO**), skip this section. If (**YES**), please answer the following questions about each conviction.

Arrested:      Date: \_\_\_\_\_ Location: \_\_\_\_\_

Result: Probation: Starting date: \_\_\_\_\_ End date: \_\_\_\_\_

Jail Sentence: Starting date: \_\_\_\_\_ End date: \_\_\_\_\_

Fine: \_\_\_\_\_

Please use a separate sheet if needed and attach to this application.

I understand that this is not an employment agreement between the Killeen Fire Academy and the applicant. I certify that all the answers I have given are true to the best of my knowledge and belief. I further acknowledge that I have read and understand the application agreement with the Academy. I acknowledge and have read and understand the question regarding criminal records and I have answered these questions truthful. I understand that I will be requested to complete a physical examination and drug/alcohol screening at my own expense. \_\_\_\_\_ (signature)

How did you find out about the Killeen Fire Academy? \_\_\_\_\_

\_\_\_\_\_





KILLEEN FIRE DEPARTMENT  
201 N. 28TH STREET  
KILLEEN, TX 76541  
(P) 254-501-7884 (F) 254-501-7848

## Emergency Medical Technician - Basic Immunization Requirements

You **MUST** have received the following immunizations by the start of the EMT-B Academy class. You will not be able to start your clinical rotations and ambulance ride-outs if you do not have these immunizations on record. You may go to the Killeen Free Clinic on 2<sup>nd</sup> and Ave D to receive your vaccinations. Please call 254-526-8371 for directions, cost and hours to receive the immunizations.

MMR (two doses)

Td (within the last 10 years)

PPD (within 90 days)

Hep-B (all three doses; if you are currently receiving the series but have not completed the series please note when you are to receive the remaining doses. If you choose not to receive the Hep-B vaccination you must sign a waiver form)

Varicella/Chicken Pox (if you have never had chicken pox you need to get the Varicella immunization. If you are not sure whether you had chicken pox then you will need to get a titer drawn.)

Please attach a copy of your immunization record to the application.



KILLEEN FIRE DEPARTMENT  
201 N. 28TH STREET  
KILLEEN, TX 76541  
(P) 254-501-7884 (F) 254-501-6586

## Emergency Medical Technician - Basic CPR Certificate Requirements

You will need to be CPR certified prior to the EMT-B portion of the academy beginning. We will offer a CPR course two weeks prior to the EMT-B course beginning.

There is a \$50 fee for the CPR course. You may pay in cash (exactly \$50, change not available) or by money order payable to Killeen Fire Academy.

If you currently have a CPR certificate it must be current. If it expires while you are attending the EMT-B course you will need to recertify.



# KILLEEN FIRE ACADEMY PHYSICAL EVALUATION FORM

Name:	
SSN:	
DoB:	

Allergies:

Prior medical history (list any disease, injury, or deformity that you have or have had):

---



---



---

Immunizations: Td \_\_\_\_\_ MMR \_\_\_\_\_ HepB \_\_\_\_\_ Vari \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BP: \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_

Vision: Near \_\_\_\_\_ / \_\_\_\_\_ Far \_\_\_\_\_ / \_\_\_\_\_ Field L \_\_\_\_\_ R \_\_\_\_\_

Corrective Eyewear: yes no

	Normal	Abnormal		Normal	Abnormal
Appearance			Back		
EENT			Inguinal		
Heart			Neuro		
Lungs			Skin		
Abd			Joints		

Cleared to participate in training program: YES NO

---

(Signature of examiner)

DO NP MD PA

(Printed name of examiner)

Date of Exam: \_\_\_\_\_

5 PANEL DRUG SCREENING NEEDED



Save Time - Request Your  
Driver Record Online  
www.texasonline.com

**TEXAS DPS**  
APPLICATION FOR COPY  
OF DRIVER RECORD



DR-1 (Rev. 5/04)

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make **CHECK** or **MONEYORDER** Payable To:  
TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to  
Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.

**Check Type of Record Desired**

**FEE**

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.   | \$ 4.00                   |
| <input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.            | \$ 6.00                   |
| <input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.   | \$ 10.00                  |
| <input checked="" type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. <b>Furnished to Licensee ONLY.</b> | \$ 7.00                   |
| <input type="checkbox"/> 3A. Certified version of #3. <b>Furnished to Licensee ONLY and is Acceptable for DDC Course.</b>                               | \$ 10.00                  |
| <input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____  | \$ _____<br>(If Required) |

**Mail Driver Record To: (Please Print or Type)**

Requestor's Last Name _____	Requestor's First Name _____
Street Address _____	Texas Driver License Number _____
City _____	State _____ Zip Code _____
Daytime Telephone Number (include area code) _____	

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. _____
Your Title or Affiliation with above _____
Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) _____

**Information Requested On:**

Texas Driver License Number _____	Last Name _____
First Name _____	Middle Name/Maiden Name _____
Date of Birth <u>MM</u> / <u>DD</u> / <u>YYYY</u>	

**Individual's Written Consent For ONE TIME Release to Above Requestor**

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, \_\_\_\_\_, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to \_\_\_\_\_.

Signature of Licensee/ID Card Holder or Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**State and Federal Law Requires Requestors to Agree to the Following:**

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.**



# CRIMINAL HISTORY CHECK

In coordination with the DPS, the Killeen Fire/EMT Academy will be utilizing **L1 Enrollment Services** to initiate the required state/national fingerprint-based criminal history check.

For the nearest L1 Enrollment Service please visit their website at:  
<http://l1enrollment.com/> or by calling 888-467-2080

It is recommended that an appointment be made first.

Ask for **TXI Review** when requesting for the criminal history check. (Killeen Fire Academy does not utilize the "FAST Pass" form.)

Request that the criminal history check to be mailed to **Killeen Fire Academy, 201 N. 28<sup>th</sup> Street, Killeen, TX 76541** or email to [lrosales@killeentexas.gov](mailto:lrosales@killeentexas.gov)

## **Some important notes concerning the new criminal history check program:**

When an applicant provides fingerprint data to L1, the L1 personnel will electronically forward the data to the TXDPS and the FBI. Criminal history information based on those fingerprints is then made available to the Killeen Fire Academy within 3 to 5 days after initiation by L1 Enrollment Services.